

ORDER FOR SUPPLIES OR SERVICES (DRAFT)

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 01/11/2012		2. CONTRACT NO. (If any)		6. SHIP TO: Gale Desano				
3. ORDER NO. DTMA5A06106/0002		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE U.S. MERCHANT MARINE ACADEMY				
5. ISSUING OFFICE (Address correspondence to) U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement Kings Point NY 11024-1699				b. STREET ADDRESS Medical-Patten Health Services				
				c. CITY Kings Point		d. STATE NY		
				e. ZIP CODE 11024-1699				
7. TO:				f. SHIP VIA				
a. NAME OF CONTRACTOR				8. TYPE OF ORDER				
b. COMPANY NAME Defense Finance & Accounting				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.				
c. STREET ADDRESS ATTN: DFAS-CO-FPS-M, P.O. Box 182204				<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.				
d. CITY Columbus		e. STATE OH		f. ZIP CODE 43218-2204				
9. ACCOUNTING AND APPROPRIATION DATA				10. REQUISITIONING OFFICE U.S. MERCHANT MARINE ACADEMY				
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS						12. F.O.B. POINT Destination		
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS		
a. INSPECTION USMMA, Kings Point, NY		b. ACCEPTANCE USMMA, Kings Point, NY						
17. SCHEDULE (See reverse for Rejections)								
ITEM NO. (a)	SUPPLIES OR SERVICES (b) Modification			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL							
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT	20. INVOICE NO.				17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: Jorge Osvaldo U.S. MERCHANT MARINE ACADEMY Dept of Resource Mgmt Kings Point NY 11024-1699			17(J) NEW TOT.	17(K) PREV. TOT.		0.00	17(i) MOD TOTAL
22. UNITED STATES OF AMERICA BY (Signature) <i>MLH S. DL</i>					23. NAME (Typed) Max Diah TITLE: CONTRACTING/ORDERING OFFICER			

RECEIVING REPORT

SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
NUMBER	FINAL				
TOTAL CONTAINERS	GROSS WEIGHT	RECEIVED AT	TITLE		

[illegible]

Terms and Conditions	Document Number DTMA5A06106/0002	Description MEDICATIONS (DFAS)	Creation Date 01/11/2012	Page 3 of 3
Period of Performance Start date: 10/01/2005 End date: 12/31/2006				
Limits Not to Exceed Call: 2,500.00 Authorized Limit: 35,000.00				
Catalog Name: Number:				
The purpose of this Modification is to close-out subject BPA DTMA5A06106 agreement.				
A. There is no change in the authorized limit and subject BPA DTMA5A06106 is hereby closed-out.				
Accounting Data: 1750-1-06-260-5050165-AMM007-26690				